2005 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 11, 2005 8:00 am Secretary of State 04-11-2005 90151 025 ***150.00 **DOCUMENT # P03000044515** WATERS AVENUE CAR WASH, INC. 40052576 Principal Place of Business Mailing Address 2701 W. BUSCH BOULEVARD, SUITE 118 2701 W. BUSCH BOULEVARD, SUITE 118 TAMPA, FL 33618 TAMPA, FL 33618 2. Principal Place of Business 3. Mailing Address 2701 W. Busch Blvd. 2701 W. Busch Blvd! Suite, Apt. #, etc. Suite 104-A Suite, Apt. #, etc. 04062005 Chq-P CR2E034 (10/03) Suite 104-A City & State City & State 4. FEI Number Applied For Tampa, 27-0055864 Tampa, Not Applicable Country Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired \Box 33618 USA 33618 USA Fee Required 6. Name and Address of Current Registered Agent - 7. Name and Address of New Registered Agent ... -Name SCHIFINO, WILLIAM J JR. Street Address (P.O. Box Number is Not Acceptable) 201 N. FRANKLIN STREET **SUITE 2600** TAMPA, FL 33602 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE_ Signature, lyped or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change ☐ Addition JOHNSON, III, THOMAS F NAME NAME 3411 EAGLE NEST DR. STREET ADDRESS STREET ADDRESS HERNANDO BEACH, FL 34607 CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TM F ☐ Addition Change GIUNTA, EDWARD F NAME STREET ADDRESS 11327 CARROLLWOOD DR. STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33618 CITY-ST-ZIP VPD ☐ Delete ☐ Change Addition GIUNTA, II. EDWARD F NAME NAME STREET ADDRESS 11327 CARROLLWOOD DR. STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33618 CITY-ST-ZIP **VPSD** ☐ Delete TITLE TITL F Channe ☐ Addition GIUNTA, SUZAN E NAME NAME 3320 PICWOOD ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33618 C!TY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP -☐ Delete TITLE ☐ Change Addition TITLE

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

STREET ADDRESS CITY-ST-7tP

SIGNATURE:

STREET ADDRESS

TED NAME OF SIGNING OFFICER OR DIRECTOR

FILED